1437757

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated average burden						
hours per respon.	se .16.00					

SEC USE ONLY						
Prefix		Serial				
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00002010	UNIFORM LIMITED OFFERING EXEMI	SES MAII
Name of Offering (check if	this is an amendment and name has changed, and indicate change.)	Mail Processing
Filing Under (Check box(es) that Type of Filing: New Filin		□ ULOE JUN 13 CHUG
	A. BASIC IDENTIFICATION DATA	
1. Enter the information reques	ted about the issuer	Weshington, DO
Name of Issuer (check if the	s is an amendment and name has changed, and indicate change.)	103
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 301-215-4300
Address of Principal Business Op (if different from Executive Office	erations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Investment Fund		PROCESSED
Type of Business Organization corporation business trust	limited partnership, already formed other (p	lease specify): EJUN 1 8 2008
Actual or Estimated Date of Inco Jurisdiction of Incorporation or C	Month Year rporation or Organization: 012 018 Actual Estin organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
77d(6). When To File: A notice must be and Exchange Commission (SEC	g an offering of securities in reliance on an exemption under Regulation D of filed no later than 15 days after the first sale of securities in the offering on the earlier of the date it is received by the SEC at the address given by mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities
	nd Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies	to of this notice must be filed with the SEC, one of which must be manuall ed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Provided: A new fil	ing must contain all information requested. Amendments need only repo in Part C, and any material changes from the information previously suppl	rt the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal f	iling fee.	
State: This notice shall be used to indi- ULOE and that have adopted the	cate reliance on the Uniform Limited Offering Exemption (ULOE) for s is form. Issuers relying on ULOE must file a separate notice with the S f a state requires the payment of a fee as a precondition to the claim foice shall be filed in the appropriate states in accordance with state law.	Securities Administrator in each state where sales in the exemption, a fee in the proper amount shall
	ATTENTION	
Failure to tile notice in the appropriate federal notice filing of a tederal notice.	ne appropriate states will not result in a loss of the federal e e will not result in a loss of an available state exemption unle	xemption. Conversely, failure to file the ess such exemption is predictated on the

	TO THE PERSON NAMED IN	BASTC IDE	NTIFICATION DATA	建设工程	THE PARTY OF THE P
2. Enter the information re	quested for the fol	lowing:	,		
 Each promoter of t 	he issuer, if the iss	uer has been organized w	ithin the past five years;		
Each beneficial ow	ner having the pow	er to vote or dispose, or dir	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
			corporate general and mar		
		f partnership issuers.			
Today Bonera and I					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Hill-Townsend Capital, LI					
Business or Residence Addre 5425 Wisconsin Avenue,			nde)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Gary Townsend		Carray Oliv Carray Cl. C	ode)		
Business or Residence Addre					
c/o Hill_Townsend Capita					General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, i Vernon Hill	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
c/o Hill_Townsend Capita	al, LLC 5425 Wis	sconsin Avenue, Suite	703 Chevy Chase, MD		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	·			
Business or Residence Addre	css (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	css (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	Code)		
	(Use bl	ank sheet, or copy and use	additional copies of this	sheet, as necessar	/)

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1 [[-n sh-	issuer sold	l or does th	_ icenser in	stand to sel	l to non-se	credited in	vestors in	this offeri	ng?		Yes [:	No ⊠
1. Has the	: ISSUCT SOIL	, or aves th			Appendix,						_	_
2. What is	s the minim	um investm	•							*******	s_10,2	250,000.00
											Yes	No
3. Does th	and the state of t										K	
commi If a per or state	he informat ssion or sim son to be lis ss, list the na er or dealer,	ilar remune: ted is an ass ime of the b	ration for s lociated pc roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ire than five	ers in conne er or deale (5) persor	ction with r registered is to b e l ist	sales of sec I with the S ed are asso	EC and/or	with a state		
Full Name	(Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	i Street, Ci	ty, State, Z	ip Code)						
Name of As	sociated Br	oker or Dea	aler									
States in W	hich Person	Listed Ilas	Solicited	or Intends	to Solicit I	urchasers						
(Check	"All States	or check	individual	States)		*************	***************************************	*************	************		☐ All	States
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Full Name	(Last name	first, if indi	ividual)									·
Business o	r Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler	. <u> </u>				<u></u>				
States in W	hich Persor	Listed Fla	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individual	l States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,.,,,,	,		*************	A1	1 States
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Full Name	(Last name	first, if ind	ividual)									
Business (or Residence	e Address (Number an	nd Street, C	City, State,	Zip Code)				· · · · · ·		
Name of A	ssociated B	roker or De	aler		··· ·	<u> </u>	<u></u>					
States in V	/hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser	3					
(Chec	k "All State	s" or check	individua	l States)		****************			****************		. A	II States
AL TL MT RT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	¢	S
	Equity	41,750,000.00	\$ 41,750,000.00
	Equity Preferred	<u> </u>	
		c	•
	Convertible Securities (including warrants)		
	Partnership Interests	•	·
	Other (Specify) Total	41.750.000.00	41 750.000.00
		3	3
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases § 41,750,000.00
	Accredited Investors		·
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	i :	
	\cdot	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	Z	\$_1,000.00
	Legal Fces		\$ 50,000.00
	Accounting Fees		s
	· Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_51,000.00

	C: OFFERING PRICE, NUMBER OF INVESTORS		<u> </u>
	b. Enter the difference between the aggregate offering price given in respondent total expenses furnished in response to Part C — Question 4.a. This diproceeds to the issuer."	Merence is the "adjusted gross	\$
	Indicate below the amount of the adjusted gross proceed to the issuer us each of the purposes shown. If the amount for any purpose is not know the check the box to the left of the estimate. The total of the payments listed proceeds to the issuer set forth in response to Part C — Question 4.b a	own, furnish an estimate and must equal the adjusted gross	
		Payments to Officers, Directors, & Affiliates	Others
	Salaries and fees		_ 🗆 \$ 0.00
	Purchase of real estate		\$ <u></u> \$
	Purchase, rental or leasing and installation of machinery		ss
	Construction or leasing of plant buildings and facilities		s 0.00
	Acquisition of other businesses (including the value of securities invo offering that may be used in exchange for the assets or securities of a issuer pursuant to a merger)	olved in this nother	\$ 0.00
	Repayment of indebtedness		_ [s_0.00
	Working capital	\$_0.00	\$0.00
	Other (specify): Investment of Proceeds		<u></u> \$
		s 0.00	\$41,699,000.
	Column Totals		\$ <u>41,699,000</u> .
	Total Payments Listed (column totals added)		41,699,000.00
	D FEDERAL'S	IGNATURE	
i.	the issuer has duly caused this notice to be signed by the undersigned duly as gnature constitutes an undertaking by the issuer to furnish to the U.S. Sec e information furnished by the issuer to any non-accredited investor pur	urities and Exchange Commission, upon writ	Rule 505, the following tten request of its staff,
S	suer (Print or Type) Signature	Date /	(30)
Н	fill-Towsend Master Fund, Ltd	y ~ ~ (1	.00
N	ame of Signer (Print or Type) Title of Signer (P	· ·	
àa	ary Townsend Authorized Signa	rtory	

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E STATE SIGNATURE
1.	s any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No rovisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form 0 (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the ssuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform imited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned person.
	end Master Fund, Ltd Signature Lt // - 08
Vame (P	int or Type) Title/(Print or Type)

Authorized Signatory

Name (Print or Type) Gary Townsend

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

- (A.)				Ař	PENDIX				台灣的
3	to non-ac	to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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MS		<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u>] </u>

1	2	2	3 Type of security	APPENDIX 4				5 Disquali under Sta	te ULOE	
	Intend to non-ac investors (Part B-	ccredited in State	and aggregate offering price offered in state (Part C-Item 1)	,	amount pu	investor and rchased in State C-Item 2)		(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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1	to non-a	d to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									